

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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32						
33						
34						
35						
36						
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53		1				
54		1				
55		1				
56	1	1				
57		1				
58		1				
59		1				
60		1				
61		1				
62	1					
63		1				
64	1	1				
65	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.		4				
TOTAL CLAIMS	24					